

WIOA Worksite Agreement Number: \_\_\_\_\_

**PART II: WIOA Trainee Work Plan**

A WIOA Trainee Work Plan must be attached to the WIOA Worksite Terms and Conditions for each Trainee.

*I certify that the above WIOA Trainee Work Plan is correct.*

Trainee Information					
Trainee Name:				Trainee Telephone:	
Participant ID:		Program:		<input type="checkbox"/> Adult <input type="checkbox"/> DLW <input type="checkbox"/> Youth → <input type="checkbox"/> IS <input type="checkbox"/> OOS	
Emergency Contact:		Emergency Contact Telephone:			
Worksite Information					
Worksite:					
Worksite Address:		Worksite Telephone:			
		Days/Hours of Operation:			
Supervisor:				Telephone:	
Alternate Supervisor (if applicable):				Telephone:	
General Training Information					
Job Title:		Hourly Wage:		\$	
Work Schedule:					
Work Location:					
Estimated Start Date:				Estimated End Date:	
Duties and Responsibilities					
1.		5.			
2.		6.			
3.		7.			
4.		8.			

_____ Trainee Signature	_____ Date
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_____ Worksite Supervisor Signature	_____ Date
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_____ WIOA Representative Signature	_____ Date
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_____ Alternate Supervisor Signature	_____ Date
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If a Trainee Work Plan is being modified for any reason **other than changing Worksites**, complete the modification section below. If the Trainee is changing Worksites, a NEW Trainee Work Plan must be completed and attached to the corresponding WIOA Worksite Terms and Conditions.

Modification 1	Modification 2
Date:	Date:
Modification:	Modification:
Reason:	Reason:

*I certify that the above modification information is correct, and the Trainee and Worksite Supervisor have participated in its development*

_____ WIOA Representative Signature	_____ Date
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_____ WIOA Representative Signature	_____ Date
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